

PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

MAY 0.9 2017

STATE

NEW HAMPSHIRE

I. Name of Lobbyist(s) William McQuillen	DEPARTMENT OF
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Professional Fire Fighters of New Hampshir	<u>e</u>
	(Zip Code)
(603 223-3304 (603 223-3310 e-mail sectres p	ffnh.org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a se reportable expense transactions which are not attributable to any one client).	parate report for
All reportable transactions occurring in the months prior to the reporting date relative to the following	g client:
The Professional Fire Fighters of New Hampshire (Full Name of Client as it appears on the Lobbyist Registration Form)	
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed unrelated to any particular client.	d below which are
IV. Date of Report April 26, 2017   Suly 26, 2017   Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17	
October 25, 2017	
V. There have been no fees received and no reportable transactions made since the last re If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A-Fees and Expenses	
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Ho Expense Reimbursement	norariums or
If you, your firm, or your family has made political contributions, you must file Addendum C-Poli	itical Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing i and complete to the best of my knowledge and belief.	information is true
(Signature of lobby st)  A 24 (17 (Date)	
WILL-WM McOULUAN (Print Name of lobbyist)	

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) William McQuillen	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Professional fire fighters of New 1  (Name of partnership, firm or corporation)	tampshire
III. Name of Client	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a)\$_3393.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c)\$ <u>33</u> 93.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$Ø
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a gagregate total of all expenses pair expenses; (b) the aggregate total of a le: meals purchased during a business st than \$10 that is given to the person and with a value of \$25.00 or less); an orting period of greater than \$25.00 for the period of greater than \$25, purchase of the er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.      b) Total aggregate of expenditures during this reporting period, not reported.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from be period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	······································
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	in that the foregoing information
(Signature of lobbyist)	4/24/17 (Date)
WILLIAM MCQUILLEN	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

# **Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: The Professional Fire Fighters of N
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client):
Date of Report (check one):
April 26, 2017 ☑ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of loobyist)  4124/17 (Date)
WILLIAM JMCQUILLEN
(Print Name of lobbyist)